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CODE OF ETHICS  
OF THE.  
MASSACHUSETTS MEDICAL SOCIETY.

Adopted by the Councillors, Feb. 4, 1880.

*Object of a Code of Ethics.*

1 The Massachusetts Medical Society is designed to secure to  
2 the public a body of well-educated and otherwise trustworthy  
3 physicians. Its code of ethics is intended to furnish certain  
4 principles and rules of action for their guidance and convenience.

I.

*The Relation of the Physician to Medical Science.*

5 A physician should lend his influence to encourage sound  
6 medical education, and to uphold in the community correct  
7 views of the powers and the limitations of medical science and  
8 art.

II.

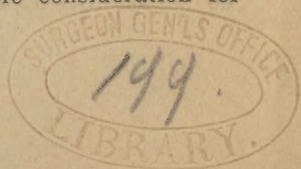
*The Relation of the Physician to Medical Business.*

9 The professional success of a practitioner depends upon quali-  
10 ties connected with his moral character, his scientific attainments,  
11 and also his industry and business talent. But the relation of  
12 practitioners of medicine to families and households is not like  
13 that of tradesmen to their customers. The kind of competition  
14 which might be considered honorable in business cannot exist  
15 between physicians without diminishing their usefulness and  
16 lowering the standing of the medical profession. (See IV. § 1;  
17 V. § 1.)

III.

*The Relation of the Physician to his Patients.*

18 The first duty of the practising physician is to his patient, who  
19 has a right to expect that his disease shall be thoroughly inves-  
20 tigated and skilfully treated, with charitable consideration for



21 his mental peculiarities or infirmities, and in a relation strictly  
22 confidential.

23 1. The physician should not make unnecessary visits. He should neither  
24 permit needless apprehension, nor fail to give seasonable notice of danger.

#### IV.

##### *The Relation of the Physician to other Practitioners and to their Patients.*

25 In his relations with another medical practitioner and his pa-  
26 tients, a physician should be governed by strict rules of honor  
27 and courtesy. His conduct should be such as, if universally  
28 imitated, would insure the mutual confidence of all medical prac-  
29 titioners.

30 The foregoing rule should be a sufficient guide of action. Some of the fol-  
31 lowing contingencies will illustrate its application:—

32 1. A physician should take no step with a view directly or indirectly  
33 to divert to himself the patient or practice of another physician.

34 2. If formally requested to assume charge of a patient or family usually  
35 attended by another physician, he should consent to do so only after notifying  
36 the latter,—unless the case be one of pressing necessity.

37 3. If a physician is called to a patient during the temporary absence or  
38 illness of the usual physician, or in case of accident or other emergency, he  
39 should direct that the former be sent for as soon as he is able to take charge of  
40 the case, and should then relinquish it to him. It is generally agreed, that,  
41 among several physicians thus called, he who first arrives shall act, unless the  
42 family designate another.

43 4. A communication from the temporary to the usual physician, in the absence  
44 of the latter, should be written and sealed, and not simply verbal.

#### V.

##### *The Relations of the Physician to Quackery.*

45 In every community there are minds naturally inclined to  
46 quackery, which has flourished in every age. It grows by being  
47 noticed, and thrives best under opposition. It is commonly un-  
48 wise to employ argument against it. But a physician should  
49 lend his influence to establish a distinct line between the regular  
50 practice of medicine and the practice of quackery, and should  
51 avoid any act which might tend to weaken such a distinction  
52 either in the professional or in the public mind.

53 1. Thus, he should not consult with an irregular practitioner (*see By-Laws*);  
54 nor countenance the use of secret remedies; nor be interested in medical trade-  
55 marked preparations; nor give certificates recommending mineral waters, patents,  
56 or medical preparations, or the like; nor give a commission to an apothecary, nor  
57 receive one from him; nor advertise himself or his practice in public print;  
58 nor publicly advertise advice or medicines to the poor, etc.

#### VI.

##### *Consultations.*

59 Consultation should be encouraged in cases of unusual re-  
60 sponsibility or doubt.



61 A consultation is called for the benefit of the patient, and  
 62 to give him the advantage of collective skill. Should there be  
 63 a difference of opinion, discussion should be temperate, and  
 64 always confidential.

65 A consulting physician should be careful to say or do no-  
 66 thing to impair the confidence of the patient or his family in the  
 67 attending physician.

68 1. See, for guidance of a consultant, IV. §§ 1, 2, 3, 4.

69 2. At a consultation punctuality is important; and non-arrival within  
 70 fifteen minutes after the appointed time should be interpreted as non-attend-  
 71 ance.

72 3. For the advantage of the patient, and for economy of time, it is well in  
 73 a consultation to observe a certain order of business. The following has been  
 74 found convenient:—

75 The attending physician, having stated in general terms the nature of the  
 76 case, may then call, in turn, upon each consultant, if there be more than one,  
 77 to examine the patient,—the usual order being that of seniority. No consult-  
 78 ant should make an examination or inquiry out of turn. On retiring, the  
 79 attending physician may invite, in the usual order, the opinion of each con-  
 80 sultant, who should not be interrupted while giving it; after which he may  
 81 add his own. In conclusion a course of action may be agreed on, or the  
 82 attending physician may be left to act at his own discretion.

## VII.

### *Fees.*

83 A fee-table has a local application, and is designed to indicate  
 84 a fair or average amount due for services. But if the patient  
 85 fully understands it beforehand, a physician is at liberty to place  
 86 any value he sees fit upon his services. It is then at the pa-  
 87 tient's option to decline them or to pay the price. A physician  
 88 should be considerate of the poor.

89 1. A patient in moderate circumstances should not be called on to pay a fee  
 90 unusually large for the service rendered, without a previous explicit understanding.  
 91 A physician, if able, should offer to pay the medical attendant of himself or his  
 92 family. Unless by special agreement, a physician attending or acting for another  
 93 should receive the fees. Among obstetricians a rule obtains that the interval  
 94 between the birth of the child and of the placenta halves the service and the fee.  
 95 A fee should be charged for a medical certificate or paper of value to the applicant,—  
 96 connected, for example, with absence or exemption, life insurance, pension papers,  
 97 etc.; except the usual certificates of vaccination and death.

## VIII.

### *Seniority.*

98 Seniority applies rather to duration of practice at the place in  
 99 question, than to age.

